

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/633423

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

27-262 Cancelled
263 1
264 1
265 1
266 1

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